




RCE
ITW
CC

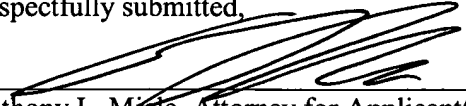
RESPONSE TRANSMITTAL	Docket No.: PT-P002US	Total Pages: 18+
	Application No.: 09/672,829	
	Filing Date: 09/29/2000	
	First Named Inventor: Cathal McGloin	
	Art Unit: 3626	
	Examiner Name: Kim T. Bui	

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop RCE <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																																				
<p>1. <input checked="" type="checkbox"/> Response to Final Office Action dated May 19, 2005. <input type="checkbox"/> After Final.</p> <p>2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is for a third (3rd) month; accordingly the appropriate non-small-entity fee is (\$1020.00). <input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$510.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449. *Filed per 37 CFR 1.97(b)(4). <input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="1"><thead><tr><th><u>Total Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th><th><u>Multiple Dependent Claims</u></th></tr><tr><th></th><th></th><th></th><th></th><th><u>Fee (\$)</u> <u>Fee Paid (\$)</u></th></tr></thead><tbody><tr><td>20</td><td>-20 or HP= 0</td><td>x 25</td><td>0</td><td>180</td></tr><tr><td colspan="5">HP = highest number of total claims paid for, if greater than 20</td></tr></tbody></table> <table border="1"><thead><tr><th><u>Indep. Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th></tr><tr><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>2</td><td>-3 or HP= 0</td><td>x 100</td><td>0</td></tr><tr><td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td></tr></tbody></table>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>					<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	20	-20 or HP= 0	x 25	0	180	HP = highest number of total claims paid for, if greater than 20					<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					2	-3 or HP= 0	x 100	0	HP = highest number of independent claims paid for, if greater than 3.			
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>																																	
				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																	
20	-20 or HP= 0	x 25	0	180																																	
HP = highest number of total claims paid for, if greater than 20																																					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																																		
2	-3 or HP= 0	x 100	0																																		
HP = highest number of independent claims paid for, if greater than 3.																																					
<p>7. <input checked="" type="checkbox"/> Other Fees: RCE Fee - \$395.00 small entity.</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input checked="" type="checkbox"/> Other Enclosure(s): Request for Continued Examination Transmittal</p> <p>12. <input type="checkbox"/> Remarks:</p>																																					

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature 	
Typed or printed name Lyn Bruhl	Date 11/21/05

Dated: 11/21/05

Respectfully submitted,

By: 
Anthony L. Miele, Attorney for Applicant(s)
Registration Number 34,393
Customer Number 000050048
Miele Law Group
2 Summer Street, Suite 306, Natick, MA 01760
Phone: 508-315-3677 Fax: 508-319-3001